


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 05, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # 743767</b> 1. Entity Name <b>MARTIN COUNTY SPORTSMEN'S ASSOCIATION, INC.</b>	
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Principal Place of Business <b>8415 SW BUSCH ST PALM CITY, FL 34990</b>	Mailing Address <b>P.O. BOX 1306 STUART, FL 34995-1306</b>
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**DO NOT WRITE IN THIS SPACE**



01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-1896462</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GRAUSO, LENNY  
10880 SE SEA PINES CIRCLE  
HOBE SOUND, FL 33455**

**DO NOT WRITE  
IN THIS SPACE**

**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$81.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	100000218518 02/05/05-90052-010 81.25
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERNARD, RONALD 3289 NE HOLLYCREEK DR. JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCGLYNN, CHUCK 828 SE SOUTHWOOD TRL STURAT, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED HARPER, DAVID HON 100 E OCEAN BLVD STUART, FL 34995
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAUSO, LENNY 10880 SE SEA PINES CIRCLE HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD DUNN, JAMES 2932 SE BIRTEL COURT PORT SAINT LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GENT, SUE 11825 MEADOWLARK CIRCLE STUART, FL 34997

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IN THIS SPACE**

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lenny Grauso* **LENNY GRAUSO** **2-2-05** **772 263-2631**  
Signature and typed or printed name of signing officer or director Date Day/Time Phone #